407 NORTH EIGHTH STREET

MOUNT HOREB 53572 Phone: (608) 437-551	1	Ownershi p:	Corporati on
Operated from 1/1 To 12/31 Days of Operation	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	Yes
Number of Beds Set Up and Staffed (12/31/01):	119	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/01):	119	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	114	Average Daily Census:	113

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	31/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	38. 6
Supp. Home Care-Personal Care	No	D 1 . 1 D. 1.11			~ ~ .	1 - 4 Years	32. 5
Supp. Home Care-Household Services	No	Developmental Disabilities	0. 9	Under 65	7. 9	More Than 4 Years	28. 9
Day Services	No	Mental Illness (Org./Psy)	28. 1	65 - 74	6. 1		
Respite Care	Yes	Mental Illness (Other)	4. 4	75 - 84	39. 5		100. 0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	33. 3	**********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0. 9	95 & 0ver	13. 2	Full-Time Equivalen	it
Congregate Meals	No	Cancer	0. 9	ĺ		Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	7. 9	İ	100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	14. 9	65 & 0ver	92. 1		
Transportati on	No	Cerebrovascul ar	13. 2	[']		RNs	13. 2
Referral Service	No	Di abetes	0.9	Sex	%	LPNs	6. 1
Other Services	Yes	Respiratory	2. 6			Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	25. 4	Male	29.8	Aides, & Orderlies	49. 0
Mentally Ill	Yes	İ		Female	70. 2		
Provi de Day Programming for			100.0	j	j		
Developmentally Disabled	Yes			İ	100. 0		
******************	****	, ***********	*****	, *******	*******	*********	*****

Method of Reimbursement

		ledicare itle 18			edicaid itle 19	=		0ther			Pri vate Pay	:		amily Care		1	Managed Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of Al l
Int. Skilled Care	0	0. 0	0	3	4. 5	134	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0.0	0	3	2. 6
Skilled Care	11	100.0	345	63	94. 0	114	0	0.0	0	34	97. 1	156	0	0.0	0	1	100. 0	362	109	95. 6
Intermediate				0	0.0	0	0	0.0	0	1	2. 9	153	0	0.0	0	0	0.0	0	1	0. 9
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				1	1. 5	171	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	0. 9
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	11	100.0		67	100.0		0	0.0		35	100.0		0	0.0		1	100.0		114	100. 0

INGLESI DE

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	n of Residents'	Condi ti ons,	Servi ces, and	l Activities as of 12.	/31/01
beachs builing hepoteting ferrou		1		% Nee	di ng		Total
Percent Admissions from:		Activities of	%	Assista		% Totally	Number of
Private Home/No Home Health	4. 2	Daily Living (ADL)	Independent	One Or T	wo Staff	Dependent	Resi dents
Private Home/With Home Health	1. 7	Bathi ng	0. 0	64	. 9	35. 1	114
Other Nursing Homes	11. 7	Dressi ng	6. 1	64	. 0	29. 8	114
Acute Care Hospitals	70.8	Transferri ng	19. 3	49	. 1	31. 6	114
Psych. HospMR/DD Facilities	0.0	Toilet Use	8. 8	55	5. 3	36. 0	114
Reĥabilitation Hospitals	1. 7	Eati ng	37. 7	47	'. 4	14. 9	114
Other Locations	10.0	********	******	********	******	*********	******
Total Number of Admissions	120	Conti nence		% Spe	cial Treatment	s	%
Percent Discharges To:	,	Indwelling Or Extern	nal Catheter	6. 1 R	eceiving Respi	ratory Care	9. 6
Private Home/No Home Health	28. 7	Occ/Freq. Incontiner	nt of Bladder	59. 6 R	ecei vi ng Trach	eostomy Care	0. 0
Private Home/With Home Health	13. 9	Occ/Freq. Incontiner	nt of Bowel	42. 1 R	eceiving Sucti	oni ng	0.0
Other Nursing Homes	0.9	-		R	eceiving Ostom	y Care	0. 9
Acute Care Hospitals	0. 9	Mobility		R	ecei vi ng Tube	Feedi ng	2. 6
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	6. 1 R	ecei vi ng Mecha	nically Altered Diets	23. 7
Rehabilitation Hospitals	0.0					•	
Other Locations	17. 4	Skin Care		0th	er Resident Ch	aracteri sti cs	
Deaths	38. 3	With Pressure Sores		2. 6 H	ave Advance Di	rectives	50. 9
Total Number of Discharges		With Rashes		7.0 Med	li cati ons		
(Including Deaths)	115			R	ecei vi ng Psych	oactive Drugs	59. 6

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

Ownershi p: Bed Size: Li censure: 100-199 Skilled Al l Thi s Propri etary Peer Group Facility Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 95.0 82.7 1. 15 83. 8 1. 13 84.3 1. 13 84. 6 1. 12 Current Residents from In-County 86. 0 82. 1 1.05 84. 9 1. 01 82. 7 1.04 77. 0 1. 12 Admissions from In-County, Still Residing 31.7 18.6 1.70 21.5 1.48 21.6 1.47 20.8 1. 52 Admissions/Average Daily Census 106. 2 178.7 0.59 155. 8 0.68 137. 9 0.77 128. 9 0.82 Discharges/Average Daily Census 101.8 179.9 0.57 156. 2 0.65 139. 0 0.73 130.0 0.78 Discharges To Private Residence/Average Daily Census 43.4 76. 7 0.57 61. 3 0.71 55. 2 0.79 **52.8** 0.82 Residents Receiving Skilled Care 98. 2 93.6 1.05 93. 3 1.05 91.8 1.07 85. 3 1. 15 Residents Aged 65 and Older 92. 1 93.4 0.99 92.7 0.99 92. 5 87. 5 1.00 1.05 Title 19 (Medicaid) Funded Residents 58.8 63. 4 0.93 64.8 0.91 64.3 0.91 68. 7 0.86 Private Pay Funded Residents 30.7 23.0 25. 6 22. 0 1. 33 23. 3 1. 32 1. 20 1.40 Developmentally Disabled Residents 0. 9 0. 7 0.9 1.00 1. 2 7. 6 0. 12 1. 25 0.75 Mentally Ill Residents 32. 5 30. 1 1.08 37. 7 0.86 37.4 0.87 33. 8 0.96 General Medical Service Residents 25. 4 23. 3 1.09 21. 3 1. 20 21. 2 1. 20 19. 4 1. 31 57.7 49.3 1.17 Impaired ADL (Mean) 48.6 49.6 1. 16 49.6 1. 19 1. 16 Psychological Problems 59.6 50.3 1. 19 53. 5 1. 11 54. 1 1. 10 51. 9 1. 15 Nursing Care Required (Mean) 5.8 6. 2 0.94 6. 5 0. 90 6. 5 0.89 7. 3 0. 79